

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006010 (2)**

1. Corporation Name

AVIATION SALES MANAGEMENT COMPANY



Principal Place of Business

6905 NW 25TH ST.
MIAMI FL 33122

Mailing Address

6905 NW 25TH ST.
MIAMI FL 33122

2. Principal Place of Business

2a. Mailing Address

21. State, April 9, 1996

26. State, April 9, 1996

22. City & State

27. City & State

23. Zip

25. County

28. Zip

30. Country

3. Date Incorporated or Qualified
11/22/1994

3a. Date of Last Report
06/23/1995

4. FEI Number
65-0531160

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am: Not Accepting the Obligations of Section 607.05, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY, STATE, ZIP	DELETE
PD BAKER, DALE S	3702 KNAPP RD.	PEARLAND TX 77581	<input type="checkbox"/>
S CIVILETTO, JOSEPH	3702 KNAPP RD.	PEARLAND TX 77581	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, STATE, ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, STATE, ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY, STATE, ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY, STATE, ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY, STATE, ZIP
<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition																
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<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition																

14. I hereby certify that the information supplied with this filing is valid, true and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information and any other annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

CR2E034 (12/95)